PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate all further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a specific and the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS	Note: Use Block 1 for	any change of address)

21874

7590

08/24/2005

EDWARDS & ANGELL, LLP P.O. BOX 55874 BOSTON, MA 02205

10/18/2005 EAYALEW2 00000009 041105 10019749

01 FC:2501 02 FC:8001 700.00 DA

30.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below

e illuicated below.	Tansilitted to the OSF TO (3/1) 2/3-2883, On the date
(Depositor's name	Helen Murray Tarbi
(Signature	Hele Murro Gal
(Date	October 14, 2005

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/019,749	12/21/2001	Rudiger Hauschild	71980/56667	8823

TITLE OF INVENTION: SHAFT TOOL WITH FIXEDLY DISPOSED WINGLIKE INSERTS

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700	11/25/2005 .
EXA	MINER	ART UN	IIT	CLASS-SUBCLASS]	
ROSS	, DANA	3722		407-053000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address of indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ACTECH GMBH ADVANCED CASTING TECHNOLOGIES Freiberg, Federal Republic of Germany Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) ar	e enclosed:	41	D. Payment of	* *		
Issue Fee				in the amount of the fee(s) is er		
Advance Order - #	small entity discount permits of Copies10	ed) 		t by credit card. Form PTO-2033 ector is hereby authorized by count Number 04-1105		r credit any overpayment, to copy of this form).
🚨 a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA		
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the record of the United States Palent and Trademark Office.						
Authorized Sign ture	19 mg W	VIm		Date Oct	tober 14, 2005	
Typed or printed name George W. Neuner Registration No. 26,964						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/019,749

Attorney Docket No.: 56667(71980)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 711314327 US in an envelope addressed to:

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on	October 14, 2005				
	Date				

Wele Mun	es Cal.
Signatur	re J
Helen Murray	/ Tarbi
Typed or printed name of per	son signing Certificate
	(617) 439-4444
Registration Number, if applicable	Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal PTOL-85

Charge \$730.00 to deposit account 04-1105

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number

		o, no person are requ	100 1010	esperio to a concento		plete if Know		Control Humbe
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		818).			10/019,749-Conf. #8823			
					December 21, 2001			
						Rudiger Hause		
F0	<u>r FY 200</u>	5	<u> </u>	Examiner Name		D. Ross		
X Applicant claims s	mall entity status.	See 37 CFR 1.27		Art Unit 3722		3722		
TOTAL AMOUNT OF P	AYMENT	(\$) 730.00		Attorney Docket	No.	56667(71980)		_
METHOD OF PAYM	ENT (check all	that apply)						
Check Cred	it Card	Money Order	None	Other (please ident	ify):		
X Deposit Account	Deposit Account Num	ber: 04-1105 Dep	osit Accor	unt Name:	Ed	wards & Ange	II, LLP	
For the above-id	lentified deposit	account, the Dire	ctor is l	hereby authorize	d to: (ched	k all that apply)		
1 —	e(s) indicated be					licated below, ex	cept for t	he filing fee
		s) or underpayme	ent of	x Credit	any overpa	ayments		
FEE CALCULATION	ler 37 CFR 1.16	and 1.17			_			
1. BASIC FILING, SEAF	· · · · · · · · · · · · · · · · · · ·	MINATION FEES						
	FILIN	G FEES	SEA	RCH FEES	EXAMIN	IATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	ee (\$)	Small Entity	Fee (\$)	Small Entity	Foor I	Paid (\$)
Utility	300	150	500	<u>Fee (\$)</u> 250	200	<u>Fee (\$)</u> 100	<u>rees 1</u>	aiu (\$)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	000	0		
2. EXCESS CLAIM FEE		100	v	v	v	Ů		Small Entity
Fee Description	_						Fee (\$)	Fee (\$)
Each claim over 20 (inc	-						50	25
Each independent claim		ng Reissues)					200	100
Multiple dependent clair	ms						360	180
			Fee Pa	aid (\$)	_	ultiple Depende		
- 20 =	× _	=			<u>Fe</u>	<u>e (\$)</u> <u>F</u>	ee Paid (\$	1)
Indep. Claims Ex	tra Claims F	ee (\$)	Fee Pa	aid (\$)				_
3 =	× _	=						
3. APPLICATION SIZE I If the specification and		4 100 -16				- 4		
listings under 37 CF sheets or fraction th	R 1.52(e)), the	application size f	ee due	is \$250 (\$125 fc	or small en	ed sequence or outity) for each ac	lditional 50)
<u>Total Sheets</u>	Extra Sheets			ditional 50 or fract	tion thereof	Fee (\$)	Fee I	Paid (\$)
		/50	(round up to a whole	e number)	× =	•	
4. OTHER FEE(S)		,					Fees	Paid (\$)
Non-English Specific				unt)			70	0.00
Other (e.g., late filing surcharge): 2501 Utility issue fee 8001 Printed copy of patent w/o color						0.00 0.00		
SUBMITTED BY		\ X /1						
Signature	Manh	X/Yh		Registration No. Attorney/Agent)	26,964	Telephone	(617) 51	7-5538
Name (Print/Type) Georg	e W. Neuner	V /				Date (October 1	4, 2005